



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH

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**Minutes of the
RURAL HEALTH ADVISORY COMMISSION
Friday, September 11, 2015
Venture Center
1532 17th Avenue
Central City, NE**

Members Present: Brian Buhlke, D.O.; Sheri Dawson, R.N.; Marty Fattig; Jessye Goertz; Mark Goodman, M.D.; Lisa Mlnarik, MSN, APRN, FNP; Noah Piskorski, D.D.S.; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; Roger Wells, P.A.-C.

Members Excused: John (Andy) Craig, M.D.; Mary Kent; Jenifer Roberts-Johnson, J.D.

Staff Present: Margaret Brockman, Marlene Janssen, Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of June 19, 2015, Meeting; Introduce Members and Guests

Chairman Marty Fattig called the meeting to order at 1:35 p.m. with the following members present: Buhlke, Dawson, Fattig, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, and Wells.

Mr. Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Dr. Mark Goodman moved to approve the agenda. Dr. Brian Buhlke seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, and Wells. NO: None. Excused: Craig, Kent, Roberts-Johnson, and Sitorius.

Dr. Mark Goodman moved to approve the June 19, 2015, RHAC meeting minutes. Dr. Brian Buhlke seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, and Wells. NO: None. Excused: Craig, Kent, Roberts-Johnson, and Sitorius.

Mr. Fattig welcomed new member, Sheri Dawson, to the commission. Ms. Dawson stated that she is a nurse and her very first job was at a rural hospital in Nebraska. She is the director of the Department of Health and Human Services (DHHS), Division of Behavioral Health. Ms. Dawson talked about the peer model ("peer-bridger" program) being developed for persons coming out of mental health facilities into communities. Mr. Fattig asked the commission members and Office of Rural Health staff to introduce themselves and welcomed guests including Senator Curt Friesen, District 34.

Dr. Mike Sitorius arrived at 1:37 p.m.

2. Administrative Items

- Next Meeting: Friday, November 20, 2015; 1:30 p.m.; Lincoln, NE
- Discuss who wants to be nominated for Chair and Vice-Chair
- Appointments to Rural Health Advisory Commission (RHAC)
- Other

Marty Fattig announced that the next Rural Health Advisory Commission meeting will be on Friday, November 20, 2015 at 1:30 p.m. at the Nebraska State Office Building in Lincoln, Nebraska.

Mr. Fattig stated that at the November meeting the commission will be voting for Chair and Vice-Chair and asked who may be interested in running. After some discussion, Mr. Fattig agreed to being nominated as chair again and Dr. Rebecca Schroeder agreed to be nominated as vice-chair.

Marlene Janssen announced that the Governor's office has received applications for reappointments and she has been in contact with Creighton Medical School to have someone apply for Dr. Goodman's position. Ms. Janssen thanked those that are requesting reappointment stating that this is a wonderful group to work with. Since appointments do not expire until September 30, 2015, the Governor's office will not approve new appointments or reappointments until after September 30th.

3. Impact of Rural Incentive Programs - Central City Reports

Dr. Buhlke welcomed members and guests to Central City. Since 2002, Central City health professionals have participated in the Nebraska Loan Repayment Program, Nebraska Student Loan Program, National Health Service Corps (NHSC) Loan Repayment Program and the NHSC State Loan Repayment Program (NHSC SLRP). Between the community matching funds and the state and federal funds, Central City has utilized \$1,050,000 using these rural incentive programs.

Medical services based in Central City provide coverage to five counties and five emergency medical services (EMS) systems. There are four full-time physicians (with the oldest one being 43), three physician assistants, three nurse practitioners, and two pharmacists. The clinic has approximately 18,000 office visits per year. The retention for physicians is really good. Physician assistant retention has not been as good because they tend to be young and single with little connection to the community.

Dr. Buhlke stated that health care was identified as a priority by the community several years ago. The Merrick Foundation has been involved as the "local entity" for loan repayment. Dr. Buhlke also mentioned that the clinic has a working relationship with UNMC as a rural rotation site and provides housing, fitness center membership, etc. to medical students. According to Dr. Buhlke, Central City recruits "for right fit" not out of desperation; being a rural rotation site is a huge benefit to this method of recruiting.

When asked about the impact on the local school system, Dr. Buhlke replied that there is an impact. The clinic staff has thirteen children in the school system. Through the local economic

development agency, Dr. Buhlke indicated that Central City is looking at building a medical center that will house dental including an orthodontist, pharmacy, optometrist, long term care, and emergency department.

Marty Fattig stated that studies show that for every health care job in a rural community, 1.5 jobs are created in the community. This is a significant economic impact for rural areas.

Dr. Sitorius suggested that Central City put together a presentation and demonstrate what can be done if the community works together. The message is that developing and retaining a health care workforce is a community effort and should not rest solely on the hospital. Shari Dawson added that in the behavioral health area such a presentation is called “technology transfer” and agreed that this is a great idea.

Senator Friesen commented that part of the discussion on the floor of the legislature this year was about recruiting dental students from out-of-state who then go back to their home states once they complete their education. It is good to hear that retention is happening because of the rural incentive programs. Senators want to hear that the rural incentive programs are working in Nebraska and that we are not subsidizing health care students so they can go back and practice in other states.

Marlene Janssen stated that the dental colleges in Nebraska have slots set aside for states like Wyoming that do not have a dental college. These students generally have an obligation to return to their home state to practice. Also the rural incentive act is a recruitment and retention tool for rural communities.

Dr. Buhlke added that there are federal programs that Central City has also been able to tap into to retain health care professionals. For example, one physician participated in the Nebraska Loan Repayment Program and then applied for the National Health Service Corps State Loan Repayment Program (NHSC SLRP) because the clinic also qualifies under the NHSC SLRP program.

Roger Wells stated that the RHAC does not have the funds to award enough money to cover the cost of medical education or pay off student loan debt. Student debt is rising and medical student loan debt is closer to \$150,000 - \$180,000. Marty Fattig added that the commission is very grateful to the Legislature for passing LB196 which increased the amounts of awards for the student loan and loan repayment programs; however, there was no additional appropriation to pay for these increases. Mr. Wells commented that the commission has to make the decision each year, do we give more awards at lesser amounts or give out less awards at higher amounts.

4. Federal and State Legislation

Senator Friesen said prior to the session there was a lot of talk about property taxes which ended up not being the focus of this past legislative session. Money is always an issue and the Legislature has to set priorities. We have to maintain an infrastructure focused both on the needs of rural and urban. Agriculture is our livelihood in Nebraska. Agriculture needs high speed internet as much as health care; that is where our society is headed. Roger Wells interjected that measuring outcomes based on Electronic Health Records (EHRs) can make it look like some rural areas are failing but this is not the case. Many rural areas do not have broadband access and some are on dial-up service only. There are rural areas in Nebraska that cannot log on to ACCESS Nebraska for benefits because they do not have appropriate internet service.

Marty Fattig stated that with the passage of LB196, regulations need to be written. Mr. Fattig asked the commission how they want to proceed. Marlene Janssen informed the commission that rules and regulations come through the Department of Health and Human Services; however, the Rural Health Advisory Commission has provided input in the past. In addition, Ms. Janssen reported that the commission has established guidelines on the administration of the rural incentive programs some of which have been put in the standard program contracts. DHHS legal staff has suggested that guidelines may need to be included in regulations. Margaret Brockman commented that since DHHS is responsible for rules and regulations the commission does not have to start from scratch. DHHS can prepare the regulations for review by the commission. Roger Wells and Marty Fattig stated they would serve on a subcommittee to review the proposed regulations prior to review by the full commission.

Marty Fattig reported that clarification was received so that medications can be prescribed out of the emergency room. LB 37 requires that pharmacy technicians must now be licensed before they can work; however, there are no training programs set up to obtain the license.

According to Mr. Fattig, the Nebraska Hospital Association in cooperation with the Nebraska Medical Association is working on how to make Medicaid more efficient. Mr. Fattig emphasized that this is not Medicaid expansion. A draft report will be forth coming but data is needed. ICD-10 codes may help if there is an all payers claims database, which is not available right now. In addition Medicaid claims are paid by managed care so the ICD-10 piece is a moot point.

At the federal level, Marty Fattig reported that the Center for Medicare and Medicaid Services (CMS) is still working on the regulation concerning direct supervision for critical access hospitals (CAHs). Currently this is not the general practice in rural hospitals. Congressman Adrian Smith is working on the CMS regulation regarding the 96-hour certification which needs to be eliminated for CAHs. There is work in progress on making meaningful use more flexible. Finally, recovery audit contracts (RAC) are backlogged and on hold. Approximately ninety percent of claims are overturned in the end but challenging these audits ties up a lot of money for rural hospitals.

5. Office of Rural Health Updates

Margaret Brockman reported on the grants the Office of Rural Health administers.

- The Primary Care Services Resource Coordination and Development Program, referred to as the Cooperative Agreement, is intended to facilitate the coordination of activities within a state that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. This grant focuses on federal shortage areas, programs, and coordination with the state-funded rural incentive programs to maximize state dollars.
- The Balanced Budget Act of 1997 established the Medicare Rural Hospital Flexibility Grant Program (FLEX) with the intent to assist rural hospitals and improve access through critical access hospital (CAH) designation. The Flex program provides funding to States for the designation of Critical Access Hospitals (CAHs) in rural communities.
- The State Offices of Rural Health Grant (SORH) Program creates a focal point within each State for rural health issues. The program provides an institutional framework that

links communities with State and Federal resources to help develop long-term solutions to rural health problems. Funds from the SORH grant are used for a variety of projects including helping to sponsor the Nebraska Rural Health Association annual conference.

- The Small Rural Hospital Improvement Program (SHIP) funds support quality improvement and meaningful use of health information technology. This program assists hospitals with 49 beds or fewer to participate in delivery system reforms outlined in the Affordable Care Act.
- The National Health Service Corps State Loan Repayment Program (NHSC SLRP) is a federally-funded grant program to states and territories that provides cost-sharing grants to assist them in operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSAs) within their state. Nebraska was first awarded a NHSC SLRP grant in 2014, in the amount of \$100,000. This year we were awarded an additional \$100,000 for a total of \$200,000 for year 2. Recipients of SLRP awards must practice in a federal HPSAs which is not the same as the state-designated shortage areas the Rural Health Advisory Commission has established for purposes of the Nebraska rural incentive programs.

Ms. Brockman reported that she is participating in Senator Gloor's patient-centered medical homes stakeholders group. She and Tom Rauner are working to assist rural health clinics in this area.

Margaret Brockman stated that the Office of Rural Health (ORH) is rebuilding its website making it more user-friendly. For example the loan repayment application is now online and the ORH is working on making it an interactive application. All loan repayment applications will be gathered into one place with a shared file for all staff to work from. The Rural Health Advisory Commission will continue to receive all eligible applications. Marlene Janssen provided an information sheet about the differences between the NHSC SLRP and Nebraska Loan Repayment Program.

Ms. Brockman reported that the ORH is contracting with Dave Palm to facilitate regional meetings in the development of a rural health plan. Dave Palm has also been contracted to help the Rural Health Advisory Commission prepare their annual policy recommendations. Several telephone conference calls will be scheduled with the RHAC's subcommittee to work on these recommendations.

There was a discussion about community needs assessments. All non-profit hospitals are required by the Internal Revenue Service to do a community needs assessment every 3 years and follow-up on progress. Hospitals work with other groups in the community to develop health care needs, strategies, and recommendations. One of the requirements of the FLEX program is to work on population health. ORH is using these community needs assessments as a starting point but not all hospitals are required to file one. Mr. Fattig stated that the community needs assessment action plan and progress report must be posted on the hospital's website.

6. State-Designated Shortage Area Request
 - Boyd County – General Dentistry

Marlene Janssen reported that, in the commission members' packets, there is a letter from Boyd County requesting that the county be approved as a state-designated general dentistry shortage

area because the only dentist is retiring. Ms. Janssen stated that she had contacted the UNMC Health Professions Tracking Services to verify the information and it has been verified.

Dr. Mark Goodman moved to approve Boyd County as a state-designated general dentistry shortage area effective September 18, 2015. Dr. Noah Piskorski seconded motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Abstained: Mlnarik. Excused: Craig, Kent, and Roberts-Johnson.

7. Program 175 – Rural Incentive Programs

- Correction/Changes to Loan Repayment Approvals from June 2015 meeting
- Review Current Budget
- Accounts Receivable Report
- Other

Marlene Janssen reported that Kimberly Hafeman, P.A. is rescinding her loan repayment program contract because she is leaving the shortage area. Since no money has changed hands, DHHS legal staff said we could rescind the contract.

Ms. Janssen reported that the Rural Health Advisory Commission approved Dr. Michael Israel's loan repayment application in November 2014. His loan repayment contract was mailed in December 2014 for his and the local entity's signatures. There was no response so in February 2015, he and the local entity were contacted and at that time Dr. Israel asked that his application be moved to the waiting list since he was applying for the National Health Service Corps Loan Repayment Program. In June 2015, he and the local entity were notified that the RHAC would be considering his loan repayment application again at the June meeting. The local entity replied to go ahead with the Nebraska Loan Repayment Program application. In August 2015, the local entity and Dr. Israel were notified that the RHAC had approved his application. Ms. Janssen stated she contacted Marty Fattig about putting a statement in the correspondence with the contract that *"if no response by Friday, August 28, 2015 your application will be moved back to the waiting list."* Mr. Fattig agreed. As of September 10, 2015, there has been no response from Dr. Israel or the local entity. Ms. Janssen commented that her recommendation would be to move Dr. Israel's application back to the waiting list since the demand for loan repayment is greater than the funds available.

Dr. Mark Goodman moved to put Dr. Michael Israel's application for the Nebraska Loan Repayment Program at the end of the waiting list. Dr. Brian Buhlke seconded the motion. Marty Fattig commented that Dr. Israel has had every opportunity to accept the award. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.

Marlene Janssen stated that she emailed the commission members an updated budget report yesterday. The commission has obligated all of the general funds (\$787,086) for FY2015-16 and with the proposed loan repayment applications to be approved will have obligated \$1,893,101 of the cash spending authority of which \$100,000 is set aside for the NHSC SLRP program local match. This leaves \$63,714 in cash spending authority to use later this year; half of this is needed for the state match. Dr. Goodman commented that this is not a carryover. Ms. Janssen replied that the appropriation is for loan repayment whether the commission awards it now or later. Marlene Janssen proposed several scenarios to the commission for discussion including prioritizing the loan repayment applications and/or requiring them to apply for one of the federal

loan repayment programs if eligible. Dr. Goodman stated that this would be the best stewardship.

Marty Fattig asked if we have the cash spending authority to do what is proposed. Marlene Janssen replied that the biggest concern is whether or not we have the cash in the cash fund account to be able to use the cash spending authority. At this time, Ms. Janssen stated that there should be around \$1M left in the cash fund account at the end of FY2015-16.

In looking at the budget summary, Marty Fattig commented that he would prefer to see the two programs (Nebraska rural incentive programs and the NHSC SLRP) accounted for separately. Margaret Brockman stated that they are separated. Mr. Fattig said both programs are accounted for on the Program 175 budget sheet. (Program 175 is the “line item budget” used for the Nebraska rural incentive programs as per the Rural Health Systems and Professional Incentive Act and the appropriations bill.) It would be better to have NHSC SLRP be a completely separate budget item. Ms. Brockman replied that both programs come through the appropriations bill. Mr. Fattig stated that the Program 175 budget is for the Nebraska rural incentive programs and that he, as a representative for the RHAC, went to the Legislature to request the funding.

Ms. Brockman stated that she met with Marlene Janssen, Sue Medinger (Administrator, DHHS Community and Rural Health Planning Unit), and a representative from DHHS accounting in August to discuss the additional cash spending authority needed for NHSC SLRP. The DHHS administration (including CEO Courtney Phillips) put through the request to obtain the additional cash spending authority under Program 175 through the deficit spending request process. Margaret Brockman stated again that this will not affect the Nebraska rural incentive program budget.

Roger Wells asked where this assurance is written because the commission has been burned on this before with changes in administration. Margaret Brockman replied that we do not have state funds allocated for SLRP it is the cash spending authority for the local match. The deficit spending request is for cash spending authority for NHSC SLRP and not for state general funds. It has gone through the higher level DHHS administration. According to Margaret Brockman, she has been assured by DHHS administration that the funds will be there when needed for the Nebraska rural incentive programs. Marty Fattig asked that the record indicate that DHHS has assured Ms. Brockman, Office of Rural Health Administrator, that the appropriation for the Nebraska rural incentive programs will be there.

Marty Fattig quoted from the statute concerning the Rural Health Incentive Cash Fund, “*The Rural Health Professional Incentive Fund is created. The fund shall be used to carry out the purposes of the act,....*” The “Act” is the Rural Health Systems and Professional Incentive Act, not the NHSC SLRP. Margaret Brockman responded that “the act” does not identify what budget it goes into. DHHS may not have any control over what account the program budget goes into. Marty Fattig reiterated that the record needs to indicate that DHHS has assured Ms. Brockman that this will not impact the funding for the Nebraska rural incentive programs.

Roger Wells asked that the commission request written documentation from DHHS. Several years ago we had a huge issue with taxation on the rural incentive program. The commission had to go through a lot of hassles to get the issue resolved. Roger reiterated that this is an opinion, an interpretation of the statute and program budget.

Roger Wells moved to seek written documentation from DHHS that using Program 175 cash spending authority for the local match cash required under the National Health Service Corps State Loan Repayment Program grant is appropriate. Lisa Mlnarik seconded the motion.

Discussion of Motion: Marty Fattig asked if there was any discussion. Roger Wells stated that this is not about distrusting anyone, it's about getting written documentation so if there are changes in administration the commission can show that this was an administrative decision by DHHS not the commission.

Dr. Goodman asked if we are holding up any awards for loan repayment if we wait for DHHS' response. Marlene Janssen replied, no.

Sheri Dawson asked if this motion is about funding one program over another (federal/state) or about monitoring the budget for the federal and state programs. Marlene Janssen explained that the Rural Health Professional Incentive Cash Fund, as Marty Fattig read from the statute, was created under the Rural Health Systems and Professional Incentive Act for the purpose of the act. When the Office of Rural Health was awarded the NHSC SLRP grant in 2014 cash spending authority was needed for the local match funds. DHHS legal and accounting agreed that another subprogram under the Rural Health Professional Incentive Cash Fund account could be created. What is happening is the Legislature is appropriating funds for the Nebraska rural incentive programs, both general funds and cash spending authority. The Legislature does not necessarily know about NHSC SLRP or that DHHS is using the Program 175 cash spending authority for the local match for the federal NHSC SLRP.

Margaret Brockman brought out the point that the Legislature did appropriate cash spending authority for NHSC SLRP. Marty Fattig said, no they did not, and asked Margaret to show where the legislature approved this cash spending authority specifically for the federal NHSC SLRP. Marlene Janssen explained that when the Office of Rural Health (ORH) was awarded the NHSC SLRP grant in 2014, DHHS was preparing to reduce the cash spending authority for Program 175 and DHHS added back a \$100,000 in cash spending authority to the Program 175 budget to cover the local match for NHSC SLRP.

Lisa Mlnarik stated that from a personal business point-of-view, why would DHHS not want to have separate accounts for the federal program and the state program? In her business she does not mix business accounts with personal accounts and this is a similar situation. Marlene Janssen responded that the original reason was that several years ago the Legislature gave the rural incentive programs an increase in the budget by moving the Merck Settlement dollars to the Rural Health Professional Incentive cash fund account. The Legislature then gave cash spending authority for the Merck dollars to be used for the state match for loan repayment plus an equal amount of cash spending authority for the local match for loan repayment. Once the Merck funds were depleted, the Legislature reduced the cash spending authority. DHHS, in 2014, was preparing to submit a reduction in the cash spending authority for the rural health professional incentive cash fund. Again, this is when the NHSC SLRP grant award was made to Nebraska so DHHS added back \$100,000 in the budget proposal and requested a lesser reduction in the cash spending authority.

Margaret Brockman stated that the NHSC SLRP cash is there. No state dollars are being used, only cash spending authority for the local match that is required. Since payments are processed quarterly the cash spending authority will be there for the Nebraska loan repayment payments for the 4th quarter of FY2015-16. Marlene Janssen added that in response to Lisa Mlnarik's

questions, would it be better to have separate accounts, the answer is yes. Is it possible to have two separate accounts; that is a legislative issue. End of Discussion.

Roll Call Vote: Motion carried. YES: Buhlke, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Abstained: Dawson. Excused: Craig, Kent, and Roberts-Johnson.

Marty Fattig mentioned that there had been a question about whether or not providers serving rural shortage areas via telehealth are eligible for the rural incentive programs. According to DHHS legal staff, recipients of the Nebraska rural incentive awards must physically practice in the shortage area. Marlene Janssen added that she also checked with the federal programs and while they may allow some telehealth, the provider must be physically practicing in a shortage area and using telehealth to serve in another shortage area. Dr. Rebecca Schroeder said that makes sense because the commission wants health professionals actually practicing in the shortage areas. There was then a discussion about licensing issues using telehealth. Dr. Goodman reported that there is a licensure issue concerning a health professional in one state practicing via telehealth in Nebraska. He also stated that he does not disagree with the legal opinion today but in the future it may make a difference. Dr. Buhlke commented that we do not want to dis-incentivize telehealth but this is not the time to incentivize it with the current rural incentive programs.

Ms. Janssen provided the following Accounts Receivable report:

Student Loan Update (Contract Buyout and Defaults)

Emory Dye, medical student – in-school buyout notified 06/2015, current, Due May 1, 2017
Brad Hohwieler, medical student – in-school buyout; PAID-IN-FULL July 2015
Andria Simons, medical student – court judgment; continues making payments
Nick Woodward, DDS Ped – (left Nebraska after graduating...moved back to Nebraska and is now practicing in the Omaha metro area), payments current

Loan Repayment Update (Defaults – left shortage area for non-shortage area or left Nebraska)

Kim Hafeman, P.A. – rescinding loan repayment contract, leaving shortage area
Joseph Dangberg, M.D. – left shortage area; PAID-IN-FULL 8/21/2015
Megan Faltys, M.D. – left shortage area 12/2013; PAID-IN-FULL 8/1/2015
Wayne Moss, M.D. – will be leaving Nebraska end of October 2015;
Paul Willette, M.D. (general surgeon) – left Nebraska, default 7/1/2013, Legal staff working on collecting

Marlene Janssen stated that there is a comparison sheet in the members' packets on the federal NHSC SLRP program and the Nebraska Loan Repayment Program. Dr. Sitorius commented that the federal shortage areas are far more restrictive than the state shortage areas.

8. Closed Session

- Student Loan Request
- Loan Repayment Applications

Dr. Mark Goodman moved to go to closed session at 3:18 p.m. Dr. Brian Buhlke seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.

Marty Fattig announced that the RHAC would go into Closed Session at 3:18 p.m. to discuss a student loan recipient's request and review the loan repayment applications. Mr. Fattig asked guests to please wait outside the room.

9. Open Session

- Motions on Closed Session Discussions

Dr. Brian Buhlke moved to go to Open Session at 3:28 p.m. Dr. Mark Goodman seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.

Dr. Brian Buhlke moved to approve Lawrence Chatters request to move his expected graduation date to 2018 with written progress reports every six months. Dr. Goodman seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.

Dr. Brian Buhlke moved to approve the following loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff based on issuance of license and/or loan documentation and if cash funds are available for the *state* match as determined by the Office of Rural Health:

Applicant's Name	Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Heinrichs, Leann <i>SLRP?</i>	11/01/2015	M.D. (FP)	Thayer County (Hebron)	\$83,138.00
Eigenberg, Michael	10/01/2015	M.D. (G.S.)	Hall (G.I.), Custer, Boone Counties	\$120,000.00
DeMuth, Katie	10/01/2015	P.A. (FP)	Antelope County (Neligh)	\$57,847.00
Stanley, Kylee	10/01/2015	M.D. (Genl IM)	Dodge County (Fremont)	\$120,000.00
Mastny, Christi <i>SLRP?</i>	10/01/2015	N.P. (FP)	Colfax County (Schuyler)	\$5,129.00
Sanborn, Jessica	10/01/2015	D.D.S. (Genl)	Knox County (Creighton)	\$120,000.00
Goeser, Rachel	10/01/2015	O.T.	Cherry County (Valentine)	\$60,000.00
Hansen, Abby <i>SLRP?</i>	10/01/2015	P.A. (FP)	Webster County (Red Cloud)	\$60,000.00
Waldrep, John <i>SLRP?</i>	10/01/2015	P.A. (FP)	Johnson County (Tecumseh)	\$60,000.00
Krejci, TaLisa	10/01/2015	O.T.	Box Butte County (Alliance)	\$60,000.00
Streufert, Brindi <i>SLRP?(Psychologist)</i>	10/01/2015	PH.D.	Adams County (Hastings)	\$120,000.00
Marlatt, Richard	10/01/2015	PharmD	Cherry County (Valentine)	\$60,000.00
Peterson Truksa, Vicki <i>SLRP?</i>	10/01/2015	N.P. (FP)	Nance County (Genoa)	\$29,309.00
Pirog, Erica <i>SLRP?</i>	10/01/2015	P.A. (FP)	Merrick County (Central City)	\$60,000.00

Castillo, Sarah NHSC LR or SLRP?	10/01/2015	M.D. (FP)	Lancaster County - People's CHC	\$120,000.00
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and move the following loan repayment applications to the waiting list to be reviewed at the November meeting:

Applicant's Name	Estimated Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Vogel, Abigail	07/01/2015	N.P. (FP)	Box Butte & Grant Cos. (Alliance)	\$11,159.00
Anderson, Derrick (0.8 FTE) NHSC or SLRP?	07/01/2015	M.D. (FP)	Lancaster County (People's CHC)	\$50,779.00
Fickenscher, Brady	09/01/2016	M.D. (FP)	York & Polk Cos. (York)	\$120,000
Gregg, Suzanne NHSC or SLRP?	09/01/2015	N.P. (Psys)	Adams County (Hastings)	\$19,393.00
Taylor, Michael	09/01/2015	P.A. (FP)	Harlan & Furnas Cos. (Alma)	\$60,000
Conaway (Albert), Angie NHSC or SLRP?	09/01/2015	N.P. (Psys)	Thayer County (Hebron)	\$60,000
Fichenscher, Jillian	12/01/2016	M.D. (FP)	York County (York)	\$120,000
Salyards, Chelsey	09/01/2015	P.T.	Morrill County (Bridgeport)	\$60,000
Schuckman, Megan	09/01/2015	M.D. (FP)	Dawes County (Chadron)	\$120,000

Dr. Mark Goodman seconded the motion. Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.

10. Other Business

- National Rural Health Day
- Other

Marlene Janssen announced that National Rural Health Day is November 19, 2015. Marty Fattig reminded everyone that the Nebraska Rural Health Conference is September 16-17, 2015.

11. Adjourn

Dr. Brian Buhlke moved to adjourn at 3:00 p.m. (no second necessary – vote on immediately). Motion carried. YES: Buhlke, Dawson, Goertz, Goodman, Mlnarik, Piskorski, Schroeder, Sitorius, and Wells. NO: None. Excused: Craig, Kent, and Roberts-Johnson.